

# Section 5: Training and Support Tools

## Purpose

Training your program staff to serve as health educators, peer educators, and/or outreach coordinators is a crucial element in the success of your program.

This section provides two tools to help you assess your current training and support activities.

- The first tool (discussed in Part 5A), focuses on key elements that are important in developing more effective training and support activities.
- The second tool (discussed in Part 5B), is a self-assessment tool for health educators, which will provide information on how comfortable and prepared your educators feel to teach the curriculum, and gives them a chance to share their views on the training and support they receive.
- If you use peer educators in your program, there are modified versions of each tool in the Appendix that could be used with peer educators.

## Overview of Steps for these Tools

To use these tools, you will need to:

1. Complete the both of the tools
2. Summarize your findings
3. Interpret the data and discuss program changes based on the data
4. Report Findings

## **Materials for this Section**

- Training and Support Program Tool (Appendix 5A)
- Health Educator Self Assessment Tool (Appendix 5B)
- Peer Educator Versions of the Tools (Appendix 5C.1 and 5C.2)
- Sample of Completed Training & Support Tools Tool (Appendix 5D)
- Sample of Training & Support Summary (Appendix 5E)

# Part 5A: Training and Support

## Step

# 1 Complete the Training and Support Program Tool

### Training and Support Program Tool

This tool is designed to provide the program director and/or training coordinator an opportunity to assess current training and support practices, and identify areas for enhancing training and support. The *Training and Support Program Tool* is divided into three sections:

- Section A: The Type of Training Provided to Health Educators
- Section B: The Type of Support Provided to Health Educators
- Section C: Characteristics of Effective Health Educators

There are many other important elements of training and support. For the purpose of the tool kit, however, the focus was limited to a few key elements drawn from the literature (see references at the end of this section).

### Determine Who Will Complete the Tool

The training and support tool should be completed by the person(s) responsible for overseeing and monitoring the health/peer education staff. It is also recommended that the Program Director or Coordinator complete the tool.

## Complete the Tool

Here are the steps needed to complete the tool:

- Select the program and support training tool that is consistent with the staff used to implement your program Health Educators (Appendix 5A); Peer Educators (Appendix 5C.1).
- Give a copy of the tool to the program staff person(s) responsible for training and overseeing the health education staff.
- Have them complete the tool individually following the instructions provided on the tool. Emphasize to staff completing the tool that it is important for them to fill out the tool based on their honest assessment of current practices. Emphasize this is a way for all of you to identify training and support areas that could be improved.

## Summary

After completing this step, all three sections of the tool should be complete and ready to summarize. Next, have the education staff complete the self-assessment tool (Part 5B).

## Step

# 2 Summarize Your Training and Support Data

### Summarize Your Data

Start by looking at the responses in each section of the tool (i.e., training, support, characteristics), and then look at the responses overall to identify trends or patterns. Here is an example of how you might do this.

### Compute Responses to each Section on the Tool

If more than one person completed this tool, you can compute the average score for each item, which is discussed below. If only one person completed this tool, skip to “Summary” below.

Sections A1 through C4 on the training and support tool have a five-option scale so you can compute the average score for each item. Here is an example of how you might do this.

**Example: Three program staff completed the items in Section A.**

#### *Compute the Average Across People Completing the Tool*

- Add the point values of the selected answers from all program staff who answered item A5.
  - 2 people selected *Somewhat Well* (3 points each).
  - 1 person selected *Well* (4 points).
  - 2 people (3 points) + 1 person (4 points) = 10
- Divide this total by the number of people who answered the question.
  - 10 points divided by 3 people who answered = 3.33
- The maximum possible score of 5 points indicates that the program staff rated the current practice of adequately preparing the health education staff to deliver the core elements of the curriculum as *Very Well*.

- The minimum score of 1 point indicates that the program staff rated the current practice of adequately preparing staff to deliver the core elements of the curriculum *Not Very Well*.
- Repeat the above process for each item in each section.
- Record the average score next to each item on a blank copy of the tool.

## Summary

After completing this step, you should have your training and support data summarized so that you can begin to identify common patterns. You also should have a list of possible changes that could be made to your training and support activities.

After your education staff completed the *Self-Assessment Tool*, be sure to complete the steps in Part 5B to summarize the data so that you can look across both sources of data to make final decisions about training and support refinements.

# Step

## 3 Interpret Your Data

### What do you look for?

When interpreting your data, you want to focus on the common patterns in your results. Look at the results for each section. For example:

- What training and support areas (sections A and B on the tool) were rated Very well? Not Very Well?
- How many characteristics of effective health educators (section C on the tool) were true for all of your staff? Not true for any?
- Overall, what is working well and what is not?

Here are examples of the patterns you might observe.

### Positive Patterns

Training and support practices are working well if staff completing the tool provided high scores on the five-option scale questions related to training and support practices provided (scores of 4 or 5). For example:

- Current training practices were rated as Well to Very Well (score of 4 or 5) in preparing staff to deliver the core elements of the curriculum

### Areas Suggesting a Need for Improvement

There may be room for improvement to training and support in areas receiving moderate or low scores (average score of 3 or less), on the five-option scale questions. For example, you may want to refine your practices if you see these types of patterns:

- Training practices addressing training staff to deliver culturally relevant or developmentally appropriate activities and messages were rated Somewhat Well (score of 3).

## Look at Data From the Self-Assessment Tool: Health Educator (5B) or Peer Educator (5C.2)

After your health education staff has completed the educator self-assessment tool, it is important to review and then compare their answers with the ratings on the training and support tool where the items overlap. This step can help you identify areas that are in agreement or disagreement.

Here are the steps to follow:

- Look across the results from the two tools side-by-side and identify the areas where there is *agreement* and areas where there is *disagreement* on the items that are similar on the two tools.
- Note: Not all of the items will overlap. The items from the Health Educator Self Assessment Tool (Appendix 5B) will overlap most with Section A of the Training and Support Program Tool (Appendix 5A).
- Focus on the items where there is a difference between your ratings and how the educators are experiencing their training and support (particularly when you rate the level of training more positively than educators do).

## Plan Your Next Steps

After reviewing your data, take time to think about changes you may need to make in the training and support provided for your health educators. It may be helpful to discuss the results as a group. Here are some questions to consider:

- Which of the changes are most important for you to make? What makes these changes so important?
- Which changes will be the most difficult to make? What makes these changes difficult?
- Do you need more information or technical assistance to make any of the changes you identified? If so, what type of information and or assistance? Where can you get it?



There are many factors that could affect which refinements can be made (e.g., time and resources required to make and sustain the change). It may be helpful to summarize the changes you want to make, the resources needed to make the change, the benefits of making the change, and a timeline. Here's an example of what this might look like.

Desired Change	Things we need to make change	Benefits of making change	Timeline for making change

Summary

After completing this step, you should have a sense of what aspects of training and support are working well and what areas could be strengthened to support and meet the needs of the educators.

Ask yourself: *What changes do we want to make first to enhance our current training and support practices?*

# Part 5B: Health Educator Self-Assessment Tool

## Step

# 1 Collect Health Educator Self-Assessment Data

### Health Educator Self Assessment Tool

This tool is designed to give educators a chance to rate how comfortable and prepared they feel to implement a curriculum, and to identify additional training and support needs. You may already collect this information in a different way. If not, consider the following points to help you determine if you could learn more from using this tool.

- If you have new staff or high staff turn over, consider collecting self-assessment data from each health educator after they have implemented the curriculum for the first time.
- If you are implementing a curriculum that you just started using in the last few years, or if you are implementing your curriculum in a new setting, consider collecting self-assessment data after your educators have implemented the program one or two times.

### Have Educators Record Information on Tool

Here are the steps needed to complete the tool:

- Select the self-assessment tool appropriate for your education staff: Health Educators (Appendix 5B); Peer Educators (Appendix 5C.2).
- Make one copy of the self-assessment tool for each educator teaching your curriculum.
- Have each educator work individually to complete the tool. Emphasize that their answers will help you get more information about ways to improve the training and support activities for the curriculum.

## Step

# 2 Summarize Your Health Educator Self-Assessment Data

### Summarize Your Data

Start by looking at the educators' answers in each area (i.e., comfort, preparedness, adequacy of training and support), and then look at their answers overall to identify trends or patterns.

### Compute Level of Educator Comfort and Preparedness and the Adequacy of the Training Provided

The first three sections (Perceived Comfort, Preparedness, and Adequacy of Training) on the health educator self-assessment tool have a five-option scale. If more than one educator completed this tool, you can compute the average score for each item. If only one educator completed the tool, skip to "Summary" below. Here is an example of how you can calculate the average score.

### Example: Three health educators answered item 1.

- Add the point values of the selected answers from all health educators who answered item 1.
  - 2 educators selected *Somewhat Comfortable* (3 points each).
  - 1 educator selected *Comfortable* (4 points).
  - 2 people (3 points) + 1 person (4 points) = 10
- Divide this total by the number of people who answered the question.
  - 10 points divided by 3 people who answered = 3.33
- The maximum possible score of 5 points indicates that the educators feel very comfortable working with the population they are teaching.
- The minimum score of 1 point indicates that the educators do not feel at all comfortable working with the population they are teaching.
- Repeat the above process for each item.

## **Compute Level of Educator Training Needs in Group Facilitation Skills**

Items in the section on Training Needs have a four-option scale. Repeat the process described above for calculating an average score using the four-option scale.

## **Note Additional Areas of Training and Support Identified**

The last two items are open-ended items. Create a list of educators' answers to each question and cluster similar answers together.

## **Summary**

After completing this step, you should have your self-assessment data summarized so that you can begin to identify common patterns and how you might make training and support refinements.

Ask yourself: *Do I have input from all the health educators?*

# Step

## 3 Interpret Your Data

### What do you look for?

When interpreting your data, you want to focus on the more common patterns in your results. For example:

- In what areas did they report feeling most comfortable? Least comfortable?
- In what areas did they report feeling most prepared? Least prepared?
- Did educators identify any new areas in which they need training?
- Overall, what is working well and what is not?

Here are examples of the patterns you might observe.

### Positive Patterns

Training and support activities are working well if your health educators provided high average scores on the five-option scale questions related to educators' comfort and preparedness, and related to the adequacy of the training provided. For example:

- According to the health educators, their comfort and preparedness were high across the areas included on the self-assessment tool.
- The educators noted that their training and support needs are generally being met by the existing training activities.

### Patterns Suggesting a Need for Improvement

There may be room for improvement if your educators provided moderate or low scores (average score of 3 or less), on the five-option scale questions, or if they routinely noted similar training and support needs. For example:

- Educators' average score on the five-option scale used to rate their preparedness to work with the population they are teaching was 2.50. *To address this, you may want to have educators co-facilitate the program with another educator who is more experienced with the population so they can see a positive model. You also could provide*

*professional development opportunities for your educators that will help them learn strategies for working more effectively with the population they are teaching (e.g., if they have experience with youth but are now working with adults, they may need additional training on adult learning).*

- The majority of educators reported that they need more opportunities to share their experiences addressing problematic issues. *To address this, you may want to schedule an additional program staff meeting each month, or create a listserv on which the educators can post their questions and provide one another with answers on a regular basis.*

If you see patterns that suggest a need for training and support improvement, it may be helpful for staff to discuss the results as a group.

## Summary

After completing this step, you should have a sense of what aspects of training and support are working well and what areas could be strengthened or revised to meet the needs of the educators.

Ask yourself: *What changes can I make to improve training and support for my health educators? What resources will I need to make these changes?*

## Step

# 4 Report Your Findings

**March 31**

**By March 31, submit the following to your Evaluation Liaison:**

1. Copy of the completed training and support tools (i.e., one training and support tool and one educator self assessment).
2. *Draft* summary of your CPI results. The summary should address the following.
  - Who was involved in completing the training and support tools?
  - What process was used to complete the tools (e.g., did your site work as a group)?
  - What did you learn from the training and support data you collected?
  - What changes you are most likely to make based on what you learned from the training and support data you collected?
3. Completed CPI Feedback Form (see Tool Kit Attachments).

You will receive feedback from your Evaluation Liaison on the draft summary of CPI results that you submitted. Incorporate his/her feedback as soon as possible.

**May 1**

**By May 1:**

Submit a revised summary to your Liaison.

Include a copy of the completed training and support tools and a final version of your CPI summary with your May 1 PROGRAM UPDATE Sheet.

## References

Centers for Disease Control and Prevention, HIV/AIDS Prevention Research Synthesis Project. Compendium of HIV Prevention Interventions with Evidence of Effectiveness, November (1999). [pages 3-2 to 3-50]

Goldsmith, M., & Reynolds, S. (1997). Step by step to peer health education programs: a planning guide. Santa Cruz: ETR Associates.

Hedgepeth, E., & Helmich, J. (1996). Teaching about sexuality and HIV. Principals and methods for effective education. New York: New York University Press.

Heltizer, D., Soo-Jin, Y., Wallerstein, Garcia-Velarde, L.D. (2000). The role of process evaluation in the training of facilitators for an adolescent health education program. American Journal of School Health, 70 (4):141-147.

Peterson, F.L., Cooper, R.J., & Laird, J.M. (2001). Enhancing teacher health literacy in school health promotion: A vision for the new millennium. American Journal of School Health, 71 (4): 138-144.

Wagman, E., Cooper, L., Todd, K. (1981). Family life education. Teacher training manual. Santa Cruz: Network Publications.



## Training and Support Program Tool

### Section A, Part 1: General Information on Current Training Practices

**Instructions:** Please provide the following information about the training you currently provide for your health education staff.

<b>A1.</b>	How many hours of training do you currently provide to your educators to prepare them to deliver your curriculum?	
<b>A2.</b>	Please describe how you train your educators to implement your curriculum (e.g., methods used such as videos, paired-practice, role plays, mentoring, etc.).	
<b>A3.</b>	Would you recommend any of the materials you use to other sites?	<div style="display: flex; justify-content: space-around; align-items: center;"> <span>Yes</span> <span>No</span> </div> <div style="text-align: right; margin-top: 5px;">If yes, which ones would you recommend?</div>
<b>A4.</b>	Please indicate what topics are covered during your trainings.	

### Section A, Part 2: Current Training Practices

**Instructions:** Think about the training you currently provide for your health education staff. For each of the statements listed below, rate how well your current training practices address each area. Circle one response for each statement.

Type of Training Provided to Health Education Staff	Example	How well does this happen at your agency?				List 1 –2 changes you can make to enhance your Training and Support efforts (practices) in this area.	
		Not Well	Some-what Well	4	Very Well		
<b>A5.</b> Staff are adequately prepared to deliver the core elements of the curriculum.	Staff receive formal training (e.g., 2-3 days) on the goals and objectives, core elements, and delivery methods of the curriculum. The training also provides opportunities for staff to practice delivering the curriculum, and discuss other important issues for effective implementation.	1	2	3	4	5	
<b>A6.</b> Staff are given clear expectations to adhere to curriculum content and program delivery as planned to the best of their ability.	The core elements of the intervention are clearly defined and maintained in the delivery of the curriculum. Staff follow a curriculum manual that identifies the core elements.	1	2	3	4	5	

## Section A, Part 2: Current Training Practices

**Instructions:** Think about the training you currently provide for your health education staff. For each of the statements listed below, rate how well your current training practices address each area. Circle one response for each statement.

Type of Training Provided to Health Education Staff	Example	How well does this happen at your agency?				List 1 –2 changes you can make to enhance your Training and Support efforts (practices) in this area.
		Not Well	Some-what Well		Very Well	
A7. Staff are adequately trained to deal with/address sensitive and controversial issues of the content.	Staff are trained to maintain confidentiality, respond to parent inquiries, address disclosure issues, and create a comfortable/safe atmosphere.	1	2	3	4	5
A8. Staff receive training about the population and/or setting being served.	Staff are aware of the various factors that might affect how the curriculum is received by the population (e.g., cultural, developmental), and are able to use that information when implementing (e.g., use more visuals for lower literacy populations).	1	2	3	4	5
A9. Staff are trained to use a variety of interactive teaching strategies and methods that address different learning styles.	Staff are skilled in using multiple teaching strategies, such as lecture, large and small group discussion, role-plays, paired group activities, etc. Staff have the ability to adjust activities to learning needs of population.	1	2	3	4	5
A10. Staff receive booster trainings on a regular basis (e.g., every year).	Staff receive updated information addressing the core elements of the curriculum, implementation, and receive up-to-date health information as it relates to the content.	1	2	3	4	5

## Training and Support Program Tool

Section B: Support		Example	Rate how well this happens at your agency.				List 1 –2 changes you can make to enhance your Training and Support in this area.
Type of Support Provided to Health Education Staff	Not Well		Some-what Well		Very Well		
<b>Instructions:</b> Think about the type of support you currently provide to your health education staff. For each statement, rate how well your current support practices address each area. Circle one response for each statement.							
<b>B1.</b> Opportunities for observation and feedback.	The project coordinator or lead health educators observe curriculum delivery performance of other health educators and provide feedback on ways to improve their delivery.	1	2	3	4	5	
<b>B2.</b> Opportunities to debrief with other educators.	There are regular group discussions with other health educators to discuss implementation issues.	1	2	3	4	5	
<b>B3.</b> Opportunities for professional development.	There are opportunities for health educators to receive additional training or attend professional conferences to improve their skills.	1	2	3	4	5	
<b>B4.</b> Opportunities for educators to assess their individual needs regarding training and support and share these with their supervisors.	There are mechanisms for staff to reflect on specific needs relevant to delivery of the curriculum, content, population or setting, culture, age-level, etc., and identify their training and support needs.	1	2	3	4	5	
<b>B5.</b> Mechanisms to provide educators with access to up-to-date health information relevant to the core content areas of the curriculum.	Staff have easy access to or receive regular updates on health-related information or statistics relevant to the core content areas from reliable sources.	1	2	3	4	5	

## Training and Support Program Tool

<b>Section C:</b>	<b>Health Educator Characteristics</b>						
<b>Instructions:</b>	Think about the characteristics of your health education staff. Below is a list of key characteristics of effective health educators. For each statement listed below, rate how true these characteristics are of your health education staff. Circle one response for each statement.						
Characteristics/Skills of Effective Health Educators	Example	How true is this for your health educators?				List 1–2 changes you can make to your training and support practices to make this more true for all educators at your agency in this area.	
		Not True For Any	2	3	4		5
C1. Experience with population, group or setting being served.	Sensitive and experience with cultural and social diversity. Use teaching methods that are culturally appropriate.	1	2	3	4	5	
C2. Ability to relate to population and or setting being served.	Establish trust and rapport, and are viewed as credible among the population, community, etc.	1	2	3	4	5	
C3. High level of comfort with content, including sensitive and controversial topics.	Establish ground rules, create safe atmosphere, use appropriate language, etc.	1	2	3	4	5	
C4. Personal beliefs and values are not in conflict with key messages of curriculum.	Awareness of his/her values, and the impact they may have on teaching about sexuality.	1	2	3	4	5	

At which site do you teach? \_\_\_\_\_

Perceived Comfort						
How comfortable do you feel...	Not at all comfortable		Somewhat comfortable		Very comfortable	Not applicable
1. working with the population you are teaching?	1	2	3	4	5	NA
2. with the content of the curriculum you are teaching?	1	2	3	4	5	NA
3. with the teaching strategies (e.g., lecture, small group discussions, skill building activities, etc.) you are using to deliver the curriculum?	1	2	3	4	5	NA
4. creating a safe environment that allows participants to take part in the discussions?	1	2	3	4	5	NA
5. addressing classroom management issues (e.g., disruptive behavior by participants)?	1	2	3	4	5	NA
6. addressing controversial or sensitive topics that your participants may bring up?	1	2	3	4	5	NA
7. providing one-on-one risk assessment/education?	1	2	3	4	5	NA
Perceived Preparedness						
How prepared do you feel to...	Not at all prepared		Somewhat prepared		Very prepared	Not applicable
8. work with the population you are teaching?	1	2	3	4	5	NA
9. teach the content of the curriculum you are teaching?	1	2	3	4	5	NA
10. use the teaching strategies (e.g., lecture, small group discussions, skill building activities, etc.) you are using to deliver the curriculum?	1	2	3	4	5	NA
11. create a safe environment that allows participants to take part in the discussions?	1	2	3	4	5	NA
12. address classroom management issues (e.g., disruptive behavior by participants)?	1	2	3	4	5	NA
13. address controversial or sensitive topics that your participants may bring up?	1	2	3	4	5	NA
14. providing one-on-one risk assessment/education?	1	2	3	4	5	NA

<b>Perceived Adequacy of Training</b>						
<b>How adequate is the training you receive to...</b>	<b>Not at all adequate</b>		<b>Somewhat adequate</b>		<b>More than adequate</b>	<b>Not applicable</b>
15. work with the population you are teaching?	1	2	3	4	5	NA
16. teach the content of the curriculum you are teaching?	1	2	3	4	5	NA
17. use the teaching strategies (e.g., lecture, small group discussions, skill building activities, etc.) you are using to deliver the curriculum?	1	2	3	4	5	NA
18. create a safe environment that allows participants to take part in the discussions?	1	2	3	4	5	NA
19. address classroom management issues (e.g., disruptive behavior by participants)?	1	2	3	4	5	NA
20. address controversial or sensitive topics that your participants may bring up?	1	2	3	4	5	NA
21. provide one-on-one risk assessment/education?	1	2	3	4	5	NA

*Directions:* For questions 22-27, please select a rating from 1-4 to rate your need for additional training. Select NA if a question does not apply to you. Your answers will help your agency plan for future training opportunities.

<b>Group Facilitation Skills: Training Needs</b>					
<b>I could benefit from training in the following skill area (s):</b>	<b>Very little need</b>			<b>Very high need</b>	<b>Not applicable</b>
22. Listening effectively (e.g., look at the person who is talking, do not interrupt, check for understanding/reflect back).	1	2	3	4	N/A
23. Functioning effectively as a facilitator (e.g., creating a safe environment, establishing ground rules, connecting with participants).	1	2	3	4	N/A
24. Managing large group discussions (e.g., asking open-ended questions, non-verbal techniques to encourage participation).	1	2	3	4	N/A
25. Managing small group activities (e.g. role plays, paired activities).	1	2	3	4	N/A
26. Classroom management (e.g., keeping participants engaged, handling disruptions).	1	2	3	4	N/A
27. Recognizing and handling sensitive issues and questions (e.g., disclosures issues).	1	2	3	4	N/A

28. Please identify one or two ways that additional training could enhance your delivery of this curriculum with this population/in this setting (e.g., specific professional development opportunities that would be helpful).

29. Please identify one or two ways that additional support could enhance your delivery of this curriculum with this population/in this setting (e.g., more frequent program staff meetings in which health educators can share their experiences, solutions to problems, etc. with one another).

## Training and Support Program Tool

### Peer Educator Version

Section A, Part 1: General Information Current Training Practices	
<b>Instructions:</b> Please provide the following information about the training you currently provide for your peer education staff.	
<b>A1.</b> How many hours of training do you currently provide to your peer educators to prepare them to deliver your curriculum?	
<b>A2.</b> Please describe how you train your peer educators to implement your curriculum (e.g., methods used such as videos, paired-practice, role plays, mentoring, etc.).	
<b>A3.</b> Would you recommend any of the materials you use to other sites?	<div style="display: flex; justify-content: space-around;"> <span>___ Yes</span> <span>___ No</span> </div> If yes, which ones would you recommend?
<b>A4.</b> Please indicate what topics are covered during your trainings.	

Section A, Part 2: Current Training Practices		How well does this happen at your agency?					List 1 –2 changes you can make to enhance your Training and Support efforts (practices) in these areas.
Type of Training Provided to Peer Educators	Example	Not Well	2	3	4	Very Well	
<b>A5.</b> Peer educators are adequately prepared to delivery the core elements of the curriculum.	Peer educators receive structured training on the goals and objectives of the curriculum and on specific content related to the curriculum [e.g., reproductive anatomy and physiology, contraception, HIV, sexually transmitted infections (STIs), etc.].	1	2	3	4	5	
<b>A6.</b> Peer educators are given clear expectations about their roles.	Peer educators are provided written information about their role as peer helpers, and other program requirements (e.g., time commitment, attendance requirements, etc.)	1	2	3	4	5	



**Section A, Part 2: Current Training Practices**

**Instructions:** Think about the training you currently provide for your peer educators. For each of the statements listed below, rate how well your current training practices address each area. Circle one response for each statement.

Type of Training Provided to Peer Educators	Example	How well does this happen at your agency?				List 1 –2 changes you can make to enhance your Training and Support efforts (practices) in these areas.
		Not Well	Some-what Well		Very Well	
A7. Peer educators are trained to deal with/address sensitive and controversial issues.	Peer educators receive training on maintaining confidentiality, how to address disclosure issues, how to handle questions from youth around sensitive topics.	1	2	3	4	5
A8. Peer educators are trained to use a variety of communication skills.	Peer educators receive training and practice in communication skills (e.g., active listening, problem solving, decision-making etc.).	1	2	3	4	5
A9. Peer educators are trained to use a variety of facilitation skills.	Peer educators receive training and practice in using multiple teaching strategies and group facilitation skills such as leading large/small group discussions, role-plays, games, skits and other learning activities, etc.	1	2	3	4	5
A10. Peer educators receive training in values clarification.	Peer educators receive training/given the opportunity to examine one's personal values and the ability to accept another's values without judgment.	1	2	3	4	5

## Training and Support Program Tool for Peer Educators

Section B: Support		Example	Rate how well this happens at your agency.					List 1 –2 changes you can make to enhance your Training and Support in these areas.
Type of Supervision and Support Provided to Peer Educators	Instructions:		Not Well	2	3	4	5	
B1.	Opportunities for observation and feedback.	The project coordinator regularly observes curriculum delivery performance of peer educators and provides feedback on ways to improve their delivery.	1	2	3	4	5	
B2.	Opportunities to debrief with other peer educators.	There are regular group discussions with other peer educators to share experiences, learn from and support each other on implementation issues.	1	2	3	4	5	
B3.	Peer education staff receive booster trainings on a regular basis (e.g., every year).	Peer educators receive updated information addressing the core elements of the curriculum, implementation, and receive up-to-date health information as it relates to the content.	1	2	3	4	5	
B4.	Opportunities for peer educators to assess their individual needs regarding training and support and share these with their supervisors.	There are mechanisms for peer educators to identify specific needs relevant to facilitation skills, topics covered, population or setting, culture, age-level, etc., and identify their training and support needs.	1	2	3	4	5	
B5.	Mechanisms to provide peer educators with access to up-to-date health information relevant to the core content areas of the curriculum.	Peer educators receive regular updates on health-related information or statistics relevant to the core content areas from reliable sources.	1	2	3	4	5	

## Training and Support Program Tool for Peer Educators

Section C: Peer Educator Characteristics		How true is this for your health educators?					List 1 –2 changes you can make to your training and support practices to make this more true for peer educators at your agency.
Characteristics/Skills of Peer Educators	Example	Not True For Any	True For Some	True For All			
<b>Instructions:</b> Think about the characteristics of your peer education staff. Below is a list of key characteristics for peer educators. For each statement listed below, rate how true these characteristics are of your peer educators. Circle one response for each statement.							
C1. Reflect gender, social and cultural background of population being served.	Peer educators are recruited/selected from population or community being served. Establish trust and rapport, and are viewed as credible among the population, community, etc. Ability to relate to population being served.	1	2	3	4	5	
C2. Strong interest and desire to help other people.	Through a structured interview process and/or referrals from others, peer educators have the following characteristics/skills: trustworthiness, concern for others, ability to listen and follow through, positive attitude, liked and respected by others.	1	2	3	4	5	
C3. Responsibility/commitment to role of peer educator and program.	Willingness to sign an agreement about role in program and length of commitment. Maintains at least a 'C' average in school. Responsible.	1	2	3	4	5	
C4. Personal beliefs and values are not in conflict with key messages of curriculum.	Awareness of his/her values, and the impact they may have on teaching about sexuality and sensitive topics.	1	2	3	4	5	

## Peer Educator Self-Assessment Tool

How long have you been a peer educator with this agency?

\_\_\_\_\_ (month)

\_\_\_\_\_ (year)

At what site(s) do you teach? \_\_\_\_\_

*Directions:* For questions 1-12, please select a rating from 1 to 5, or select NA if a question does not apply to you.

Perceived Comfort						
How comfortable do you feel...	Not at all comfortable	1	2	Somewhat comfortable	4	Very comfortable
1. working with the population you are teaching?	1	2	3	4	5	NA
2. teaching the topics of the curriculum you are teaching?	1	2	3	4	5	NA
3. with the teaching strategies (e.g., lecture, small group discussions, skill building activities, etc.) you are using to teach the curriculum?	1	2	3	4	5	NA
4. creating a safe environment that allows participants to take part in the discussions?	1	2	3	4	5	NA
5. addressing classroom management issues (e.g., disruptive behavior by participants)?	1	2	3	4	5	NA
6. addressing controversial or sensitive topics that participants may bring up?	1	2	3	4	5	NA
Perceived Preparedness						
How prepared do you feel to...	Not at all prepared	1	2	Somewhat prepared	4	Very prepared
7. work with the population you are teaching?	1	2	3	4	5	NA
8. teach the content of the curriculum you are teaching?	1	2	3	4	5	NA
9. use the teaching strategies (e.g., lecture, small group discussions, skill building activities, etc.) you are using to teach the curriculum?	1	2	3	4	5	NA
10. create a safe environment that allows participants to take part in the discussions?	1	2	3	4	5	NA
11. address classroom management issues (e.g., disruptive behavior by participants)?	1	2	3	4	5	NA
12. address controversial or sensitive topics that participants may bring up?	1	2	3	4	5	NA

**Directions:** For questions 13-18, please select a rating from 1-4 to rate your need for additional training. Select NA if a question does not apply to you. Your answers will help your agency plan for future training opportunities.

<b>Group Facilitation Skills: Training Needs</b>					
<b>I could benefit from training in the following skill area(s):</b>	<b>Very little need</b>			<b>Very high need</b>	<b>Not applicable</b>
13. Listening skills (e.g., look at the person who is talking, do not interrupt, check for understanding/reflect back).	1	2	3	4	N/A
14. Group facilitation (e.g., creating a safe environment, establishing ground rules, connecting with participants).	1	2	3	4	N/A
15. Managing large group discussions (e.g., asking open-ended questions, non-verbal techniques to encourage participation).	1	2	3	4	N/A
16. Managing small group activities (e.g., role plays, paired activities).	1	2	3	4	N/A
17. Classroom management (e.g., keeping participants engaged, handling disruptions).	1	2	3	4	N/A
18. Recognizing and handling sensitive issues and questions.	1	2	3	4	N/A

19. In what other areas would you like more training or practice (e.g., specifics topics that come up during your presentations, group facilitation skills, etc.)?

20. How can the peer educator training program be improved to better prepare you to implement the curriculum to the population that you serve?

## Training and Support Program Tool

Section A, Part 1: General Information on Current Training Practices	
<b>Instructions:</b>	Please provide the following information about the training you currently provide for your health education staff.
<b>A1.</b>	How many hours of training do you currently provide to your educators to prepare them to deliver your curriculum?  55
<b>A2.</b>	Please describe how you train your educators to implement your curriculum (e.g., methods used such as videos, paired-practice, role plays, mentoring, etc.).  First, they read and review our training manuals which cover all basic topics and individual curriculum lesson plans. Next, they receive training from the Project Supervisor on Sexuality, STIs, Birth Control, Reproductive Anatomy, and Presentation Skills. Then they must complete a number of mock presentations to Project Staff in the office. Lastly, they team teach in the classroom with a fully trained Health Educator or the Project Supervisor before being observed doing a classroom presentation on their own.
<b>A3.</b>	Would you recommend any of the materials you use to other sites?  X Yes      No      If yes, which ones would you recommend?  Our training manual is updated constantly and includes all the latest information on STIs, birth control methods, etc. Resources from the CDC and CFHC are also highly recommended.
<b>A4.</b>	Please indicate what topics are covered during your trainings.  Sexuality, Y-CARE? (our peer educator program), Reproductive anatomy, Consequences of early sexual involvement, Debriefing a teen parent panel, Decision making and refusal skills, Self-esteem, Puberty, STIs/HIV, History of HIV/AIDS, Birth Control methods, Negotiation skills, Communication and relationships.

Section A, Part 2: Current Training Practices	
<b>Instructions:</b>	Think about the training you currently provide for your health education staff. For each of the statements listed below, rate how well your current training practices address each area. Circle one response for each statement.
Type of Training Provided to Health Education Staff	How well does this happen at your agency?
Example	Not Well      2      3      4      Very Well
<b>A5.</b> Staff are adequately prepared to deliver the core elements of the curriculum.	1      2      3      4      5 X
Staff receive formal training (e.g., 2-3 days) on the goals and objectives, core elements, and delivery methods of the curriculum. The training also provides opportunities for staff to practice delivering the curriculum, and discuss other important issues for effective implementation.	As long as staff come on in off-peak periods, fully training them is not an issue.

## Section A, Part 2: Current Training Practices

**Instructions:** Think about the training you currently provide for your health education staff. For each of the statements listed below, rate how well your current training practices address each area. Circle one response for each statement.

Type of Training Provided to Health Education Staff	Example	How well does this happen at your agency?				List 1 –2 changes you can make to enhance your Training and Support efforts (practices) in this area.
		Not Well	Some-what Well	Very Well		
A6. Staff are given clear expectations to adhere to curriculum content and program delivery as planned to the best of their ability.	The core elements of the intervention are clearly defined and maintained in the delivery of the curriculum. Staff follow a curriculum manual that identifies the core elements.	1	2 3 4	5 X		
A7. Staff are adequately trained to deal with/address sensitive and controversial issues of the content.	Staff are trained to maintain confidentiality, respond to parent inquires, address disclosure issues, and create a comfortable/safe atmosphere.	1	2 3 4 X	5	We would like to gather more concrete examples to include in the mock presentations. We are currently developing a training on dealing with difficult/controversial questions in the classroom.	
A8. Staff receive training about the population and/or setting being served.	Staff are aware of the various factors that might affect how the curriculum is received by the population (e.g., cultural, developmental), and are able to use that information when implementing (e.g., use more visuals for lower literacy populations).	1	2 3 4 X	5	We are thinking about bringing in an outside agency to provide diversity training.	
A9. Staff are trained to use a variety of interactive teaching strategies and methods that address different learning styles.	Staff are skilled in using multiple teaching strategies, such as lecture, large and small group discussion, role-plays, paired group activities, etc. Staff have the ability to adjust activities to learning needs of population.	1	2 3 4 X	5	While we include a number of teaching strategies, we could enhance this by providing more information on diverse learning styles.	
A10. Staff receive booster trainings on a regular basis (e.g., every year).	Staff receive updated information addressing the core elements of the curriculum, implementation, and receive up-to-date health information as it relates to the content.	1	2 3 4	5 X		

## Training and Support Program Tool

Section B: Support		Example	Rate how well this happens at your agency.				List 1 –2 changes you can make to enhance your Training and Support in this area.	
Type of Support Provided to Health Education Staff	Instructions:		Not Well	Some-what Well		Very Well		
B1. Opportunities for observation and feedback.	Think about the type of support you currently provide to your health education staff. For each statement, rate how well your current support practices address each area. Circle one response for each statement.	The project coordinator or lead health educators observe curriculum delivery performance of other health educators and provide feedback on ways to improve their delivery.	1	2	3	4	5 X	
B2. Opportunities to debrief with other educators.		There are regular group discussions with other health educators to discuss implementation issues.	1	2	3	4	5	While Health Educators share ideas during staff meetings, we are considering having the Educators observe each other in the classroom to provide them with new ideas and feedback from their peers.
B3. Opportunities for professional development.		There are opportunities for health educators to receive additional training or attend professional conferences to improve their skills.	1	2	3	4	5	While we do send Educators to conferences/trainings, we would like to do so more but are limited by funding. We are looking into bringing free trainings from CFHC.
B4. Opportunities for educators to assess their individual needs regarding training and support and share these with their supervisors.		There are mechanisms for staff to reflect on specific needs relevant to delivery of the curriculum, content, population or setting, culture, age-level, etc., and identify their training and support needs.	1	2	3	4	5	
B5. Mechanisms to provide educators with access to up-to-date health information relevant to the core content areas of the curriculum.		Staff have easy access to or receive regular updates on health-related information or statistics relevant to the core content areas from reliable sources.	1	2	3	4	5 X	



## Training and Support Program Tool

Section C: Health Educator Characteristics		Example	How true is this for your health educators?				List 1 – 2 changes you can make to your training and support practices to make this more true for all educators at your agency in this area.
Characteristics/Skills of Effective Health Educators	Not True For Any		True For Some	True For All	True For All		
<b>Instructions:</b> Think about the characteristics of your health education staff. Below is a list of key characteristics of effective health educators. For each statement listed below, rate how true these characteristics are of your health education staff. Circle one response for each statement.							
C1. Experience with population, group or setting being served.	Sensitive and experience with cultural and social diversity. Use teaching methods that are culturally appropriate.	1	2	3	4	5	Again, we hope to provide Diversity training to our staff to help in this area.
C2. Ability to relate to population and or setting being served.	Establish trust and rapport, and are viewed as credible among the population, community, etc.	1	2	3	4	5	
C3. High level of comfort with content, including sensitive and controversial topics.	Establish ground rules, create safe atmosphere, use appropriate language, etc.	1	2	3	4	5	
C4. Personal beliefs and values are not in conflict with key messages of curriculum.	Awareness of his/her values, and the impact they may have on teaching about sexuality.	1	2	3	4	5	

## Health Educator Self-Assessment Tool

Since what date have you been a health educator with this agency? May 2004  
(month) (year)

At which site do you teach? [Name of Site]

*Directions:* For questions 1-21, please select a rating from 1 to 5, or select NA if a question does not apply to you.

Perceived Comfort						
How comfortable do you feel...	Not at all comfortable		Somewhat comfortable		Very comfortable	Not applicable
1. working with the population you are teaching?	1	2	3	<u>4</u>	5	NA
2. with the content of the curriculum you are teaching?	1	2	3	<u>4</u>	5	NA
3. with the teaching strategies (e.g., lecture, small group discussions, skill building activities, etc.) you are using to deliver the curriculum?	1	2	3	<u>4</u>	5	NA
4. creating a safe environment that allows participants to take part in the discussions?	1	2	3	<u>4</u>	5	NA
5. addressing classroom management issues (e.g., disruptive behavior by participants)?	1	2	<u>3</u>	4	5	NA
6. addressing controversial or sensitive topics that your participants may bring up?	1	2	<u>3</u>	4	5	NA
7. providing one-on-one risk assessment/education?	1	2	3	<u>4</u>	5	NA
Perceived Preparedness						
How prepared do you feel to...	Not at all prepared		Somewhat prepared		Very prepared	Not applicable
8. work with the population you are teaching?	1	2	3	<u>4</u>	5	NA
9. teach the content of the curriculum you are teaching?	1	2	3	<u>4</u>	5	NA
10. use the teaching strategies (e.g., lecture, small group discussions, skill building activities, etc.) you are using to deliver the curriculum?	1	2	3	<u>4</u>	5	NA
11. create a safe environment that allows participants to take part in the discussions?	1	2	3	<u>4</u>	5	NA
12. address classroom management issues (e.g., disruptive behavior by participants)?	1	2	<u>3</u>	4	5	NA
13. address controversial or sensitive topics that your participants may bring up?	1	2	<u>3</u>	4	5	NA
14. providing one-on-one risk assessment/education?	1	2	3	<u>4</u>	5	NA

Perceived Adequacy of Training						
How adequate is the training you receive to...	Not at all adequate		Somewhat adequate		More than adequate	Not applicable
15. work with the population you are teaching?	1	2	3	<u>4</u>	5	NA
16. teach the content of the curriculum you are teaching?	1	2	3	<u>4</u>	5	NA
17. use the teaching strategies (e.g., lecture, small group discussions, skill building activities, etc.) you are using to deliver the curriculum?	1	2	3	<u>4</u>	5	NA
18. create a safe environment that allows participants to take part in the discussions?	1	2	3	<u>4</u>	5	NA
19. address classroom management issues (e.g., disruptive behavior by participants)?	1	2	<u>3</u>	4	5	NA
20. address controversial or sensitive topics that your participants may bring up?	1	2	<u>3</u>	4	5	NA
21. provide one-on-one risk assessment/education?	1	<u>2</u>	<u>3</u>	<u>4</u>	5	NA

*Directions.* For questions 22-27, please select a rating from 1-4 to rate your need for additional training. Select NA if a question does not apply to you. Your answers will help your agency plan for future training opportunities.

Group Facilitation Skills: Training Needs					
I could benefit from training in the following skill area (s):	Very little need			Very high need	Not applicable
22. Listening effectively (e.g., look at the person who is talking, do not interrupt, check for understanding/reflect back).	<u>1</u>	2	3	4	N/A
23. Functioning effectively as a facilitator (e.g., creating a safe environment, establishing ground rules, connecting with participants).	1	<u>2</u>	3	4	N/A
24. Managing large group discussions (e.g., asking open-ended questions, non-verbal techniques to encourage participation).	1	<u>2</u>	3	4	N/A
25. Managing small group activities (e.g. role plays, paired activities).	1	<u>2</u>	3	4	N/A
26. Classroom management (e.g., keeping participants engaged, handling disruptions).	1	2	<u>3</u>	4	N/A
27. Recognizing and handling sensitive issues and questions (e.g., disclosures issues).	1	<u>2</u>	3	4	N/A

28. Please identify one or two ways that additional training could enhance your delivery of this curriculum with this population/in this setting (e.g., specific professional development opportunities that would be helpful).

Additional training on classroom management techniques.

29. Please identify one or two ways that additional support could enhance your delivery of this curriculum with this population/in this setting (e.g., more frequent program staff meetings in which health educators can share their experiences, solutions to problems, etc. with one another).

Meetings to go over presentation feedback and sharing presentation strategies.

## Training and Support Tools – SAMPLE Summary

Who was involved in completing the training and support tools?

- Our newest Health Educator, [Name of Educator], was selected to complete the Health Educator Self Assessment Tool. [Name of Educator] was selected because he had most recently completed our Health Educator training.
- The Project Supervisor, [Name of Supervisor], completed the Training and Support Program Tool. [Name of Supervisor] has been with the project for over 6 years and has developed the currently used Health Educator training.

What process was used to complete the tools?

- The Health Educator and Project Supervisor filled out the tools independently.

What did you learn from the training and support data you collected?

- The Health Educator reported that he was comfortable overall with the training he had received, but only somewhat comfortable with classroom management issues and controversial and sensitive topics. He reported a need for training in classroom management techniques. The Educator also suggested having a staff meeting to discuss presentation techniques and presentation feedback.
- In completing the tool the Project Supervisor discovered a need for diversity training and training on working with challenging populations. In discussing the outcomes with the Health Educator, the Educator acknowledged that his difficulties in classroom management were in fact most challenging when working with diverse groups and in changing teaching techniques to satisfy the variety of ages we serve in the classroom. It also came to light that the Educator did not always feel comfortable answering anonymous questions that dealt with controversial and/or sensitive topics.

What changes are you most likely to make based on what you learned from the training and support data you collected?

- We asked the entire staff if they felt they too could benefit from supplemental training and, if so, what additional training they would like.
- As a result of the data we collected, we have provided staff supplemental training in classroom management and answering anonymous questions in the classroom. We decided as a team that a good way to practice answering anonymous questions was to use our archive of anonymous questions and to take turns answering them as if we were in the classroom. The Project Supervisor helped to facilitate the meeting and gave feedback on the responses as well as distinguishing how questions might be answered differently in various settings e.g. middle school vs. court and community schools.
- Staff will be attending an STD and HIV update training about which they are very enthusiastic. We have also hired a new Health Educator and will possibly be sending him and [Name of Educator] to the WRICHE training, which includes working with diverse populations.
- We have not yet scheduled a diversity training, but are very interested in offering such a training to our staff.
- We are considering having the Educators observe each other in the classroom to provide them with new ideas and feedback from their peers.
- We are looking into bringing free trainings from CFHC.